

State of Washington Application for a Water Rig

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Please follow the attached instructions to ave	JU UUL UU II U
Section 1. APPLICANT - PERSON, ORGA	<u>CTION</u>
Name Jerry R. Hendrickson	
Mailing Address 15976 SnAKE River R.	<u>d</u> . Work Tel: (
City Asotin State WAZip+4 994	/o 2_+ FAX: ()
Section 2. CONTACT - PERSON TO CALI	
Name	Home Tel: ()
Tailing Address	Work Tel: ()
ity State Zip+4	+ FAX: ()
elationship to applicant	
efficient. Continuous Imple domestic Y stock stimate a maximum annual quantity to be used in acre-foot	gallons per minute or ground water source (check only one) for the purpose(s) ATTACH A "LEGAL" tions.) NOTE: A tax parcel number or a plat number is not per year: H. Jacre feet oject. Indicate the period of time that the water will be needed:
Source flows into (name of body of water):	Size & depth of well(s):
	8" 102'
LOCATION	
Enter the north-south and east-west distances in feet fr section corner:	rom the point of diversion or withdrawal to the nearest
1/4 of 1/4 of Section Township Range (E/W	If location of source is platted, complete below:
9N 47E	Lot Block Subdivision
SW NE 30 3N 48E	Asotin)
For Ecology Use Date Received: 6-23-98 Prior	rity Date: 6-23-98
EPA Exempt/Not Exempt FERC License #	Dept. Of Health #

ECY 040-1-14 APPLICATION PP085

Farm

Appl. No.: 6 330224

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.)
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.
B0000000000000000000000000000000000000	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection Hone (Homes, Apartment, Recreational, etc.)
B.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your
~	County Health Department.
Cor	nplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
192727171111111111111111111111111111111	
\$\$1119300000X41	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: 3, 2
B.	List total number of acres for other specified agricultural uses:
	Use Acres
	Use Acres
	Use Acres
C.	Total number of acres to be covered by this application: 5, 5
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
9	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.:
E.	Farm uses: Stockwater - Total # of animals Animal Type Beef cattle (If dairy cattle, see below) Dairy - # Milking # Non-milking



Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

10 miles out of asstrat the stop light, on right-handside \$15970. Snake River Road

Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.) A.

Section 11. PROPERTY OWNERSHIP

A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es)	YES	□NO
	of the owner(s):		-

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

YES

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

licant (or authorized representative)

Landowner for place of use (if same as applicant, write "same")

6/15/98 Date

e are returning your application for the follow	ing reason(s):		
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, W 98509-5128	'A
Section number(s)acomplete	is/ar	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONA OFFICE	AL
xplanation:		1444766666666666	
	1 .		
lease provide the additional information reque (dat		n your application by	
ology staff	Da	te	

Use this page to continue your answers to any questions on the application. Please indicate section number

before answer.

APPLICATION

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice)

Ecology is an Equal Opportunity and Affirmative Action employer.

or (360) 407-6006 (TDD).